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SERIAL NUMBER 10/779,965	FILING DATE 02/17/2004  RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 8266-1249
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/335,468 12/31/2002 PAT 6,691,347  
 which is a CON of 09/944,558 08/31/2001 PAT 6,499,160  
 which is a CON of 09/499,200 02/07/2000 PAT 6,282,736  
 which is a CON of PCT/US98/16497 08/07/1998  
 which claims benefit of 60/055,043 08/08/1997  
 and claims benefit of 60/090,212 06/22/1998

O.K. R.S.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SC	SHEETS DRAWING 13	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after

Verified and Acknowledged

Examiner's Signature: *Robert L. Santos* Initials: *R.L.S.*

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TITLE  
 Hospital bed

<p>FILING FEE RECEIVED 900</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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